N 7840-00-834-4176	AUTHORIZED FOR LOCAL REPRODUCTIV
MEDICAL RECORD	CHRONOLOGICAL RECORD OF MEDICAL CARE
DATE DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
2/10/05 5	Weekly interferon injection \$\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
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-	TION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; REGISTER NO. 19934-052  Date of Birth; Renk/Grede.)

Moshser, Donald 10924-052

CHRONOLOGICAL RECORD OF MEDICAL CARE Medical Record

STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-9.202-1

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			DEPART. / SERV	ICE REC	ORDS MAINTAINE FCI McKear
ONSOR'S NAM	ME	SSN/ID NO.	RELATIONSHIP *	TO SPONSOR	*
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)ATE	SYMPTOMS, DIAGNOSIS. T. ATMENT. TREATING ORGANIZATION (Sign each entry)			
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<del></del>	( ) Diet, Diabetic / Cardiac / Disease, Lifestyle Changes ( ) No Smoking			
	( ) Medication Dosage / Administration / Compliance / Side Effects			
	( ) Patient Understood Topics ( ) Verbalized Understanding			
	( ) Instructed If Problems or if running-our of medication, should sign up for sick-call or send cop-out.			
,	Diagnostic Studies: ( ) CBC / Dif ( ) U / A ( ) LFT ( -) Chem. Profile ( ) Lipids ( ) HgAlc			
	() PSA () Viral Load () CD4 () Toxo Igg. () Hepatitis Panel			
	()CXR ()EKG ()Others:			
	Consultations: ( ) Optometrist ( ) Ophthalmologist ( ) Orthopedic Surgeon			
	() Others: W-eeller x 8.			
·····	Referral for Vaccination: ( ) Influenza ( ) Pneumococal ( ) Other:			
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	Robert F. D.		
	Robert E. Plotrowski, PA-C		
HOSPITAL OR MEDICAL FACILITY	STATUS DEPART./SERVICE RECORDS MAINTAINED AT FCI McKean		
SPONSOR'S NAME	SSN/ID NO. RELATIONSHIP TO SPONSOR		
PATIENT'S IDENTIFICATION: (Fo	or typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; REGISTER NO. WARD NO.		

Moshiers # 10924-052

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
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	W McKeing PA-C
	Robert E Protrowski, PA-C FOI Mokeage, PA-C
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AUTHORIZED FOR LOCAL REPRODUCTION 48N 7540-00-634-4176 CHRONOLOGICAL RECORD OF MEDICAL CARE MEDICAL RECORD SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry) DATE welen RECORDS MAINTAINED AT DEPART./SERVICE HOSPITAL OR MEDICAL FACILITY STATUS FCI McKean

SSN/ID NO.

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex;
Date of Birth; Renk/Grade.)

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SPONSOR'S NAME

REGISTER NO. 10924-05 WARD NO

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record

STANDARD FORM 600 (REV. 6-97) Prescribed by GSA/ICMR FIRMR (41 CFR) 201-9.202-1

RELATIONSHIP TO SPONSOR

Document 25-12

Filed 09/21/2006

Page 8 of 50

Case 1:05-cv-00180-SJM-SPB

MEDICAL RECOIDATE  ( 5 05 1340 5 140	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)  Literum Churc  Gell; well-  Before Some wears on Peg T/Rifa
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SPONSOR'S NAME	SSN/ID NO. RELATIONSHIP TO SPONSOR
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CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

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	Reviewed By Peller (WIC
	V. Geza, PharyD
	H. E. Wick
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	Eric Asp
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5N 7540-00-634-4176	AUTHORIZED FOR LOCAL RE
MEDICAL RECORD	CHRONOLOGICAL RECORD OF MEDICAL CARE
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
12-16-04 3	Weekly Interferon injection. No compaints # 8 1886
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	lactulose 154 Brid # 1 RFG
Reviewed By V. Geza, Pharm	Albutaral in puffe dift #1 RG3
Ψ	ISTATUS   DEPART./SERVICE   DECORDS MAINTAINED AT
HOSPITAL OR MEDICAL FAC	CB/W/C
SPONSOR'S NAME	
PATIENT'S IDENTIFICATION	: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)  WARD NO.

Moshier, D 10924-092

CHRONOLOGICAL RECORD OF MEDICAL CARE Medical Record

STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-9.202-1

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MEDICAL RECO	ORD	CHRONOLOGI	CAL RECORD OF MEDICA	L CARE
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PATIENT'S IDENTIFICA	TION: (For typed or written entr Date of Birth; Rank/Grade.)	les, give: Name - last, first, mi	ddle; ID No or SSN; Sex; REGISTER NO	924-05/2

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CHRONOLOGICAL RECORD OF MEDICAL CARE Medical Record

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Case	1:05-cv-00180-SJM-SPB	Document 25	-12 Filed 09/21/2	2006 Page	<del>18 of 50 </del>
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	SSN/ID NO.	RELATIONSHIP T	O SPONSOR	
ATION: (For typed or	written entries, give: Name - last, fir Renk/Grade.l	st, middle; ID No or SSN; Sex;	REGISTER NO.	ward no.
	O: NAP  A: HCV P: Wegs D: Regs D: Regs D: Regs D: Regs D: Regs ALFACILITY	A: HCV (+)  P: () legacy 180 sug (1 ml)  & Ple in Iwech for  DOSE #4)  Shiteful conjustion: weekle are now more in the  NAD.  Peg Asys 180 mag given supervisor in all  Pet in I week for  All March and March	A: HCV (+)  Pil Pegaya 180 wy (Iml) ging 50 by in  By Ph im Iwech for next injection  En  (DOSE #4)   A: HCV (+)  PIC Pegasys 180 seg (Iml) gion 5 & by simula sude  & Ple in limet for next injection  Ently flor  Eric ASP  PA-C  DOSE #4)  Statefliar injection: weekly. 1sh pleased by lab  all now more in his favor  DI NAD.  A legic  Peg Asys 180 micg given (self alministered tire)  Set in I week for next down.  Steven Labrozzi, F  Physician Assiste  Alm Allner Weather  Pe clearly with the plant weather  Pe clearly with the plant was plant for a plant of the plant  Reachity Status DEPART, SERVICE  SSN/ID NO. RELATIONSHIP TO SPONSOR  ATION: Very property of written entries, give: Name loss, first, middle, ID No or SSN, Sex; REGISTER NO.	

Moshier, Donald 10924-052

CHRONOLOGICAL RECORD OF MEDICAL CARE Medical Record

STANDARD FORM 600 (REV. 8-97)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-9.202-1

e 1:05-cv-00180-SJM-SPB	Document 25-12	Filed 09/21/2006	Page 20 of 50
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		L. C. Vala	
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			The Asp

DICAL	KEUUKU	GHRUNULOGICAL RE	CORD MEDICAL	CARE	
)ATE	SYMPTOMS, DIA	SIS, TREATMENT, TREA	TING OR! ATION (S	Sign each	епту)
	CLINIC(S): ( ) Cardiac (	) Hypertension ( ) Dizbe	tes ( ) Infections ( ) E	ndobriņe:	S ,
	( ) Lipid ( )	Pulmonary ( ).Mental (	) Ne⊔rology ( ) Ortho	( ) Gener	ral
	( ) Other:	Hencont.	GORD. ATT	luce	
ŧ	SUBJECTIVE: (Chief Cor	nplaint)			
11	tolera	tishou - "a	litt fever	SI TA	agu
11004	Rout	iden hot h	Inny an	red	-
120	Med. Compliance:	now butt-	lastule	22	
	OBJECTIVE: (Review S	ystem) Age: S	Sex: Male Race:		
	B/P: 30/90 P: 77 V	Vt: <b>287</b> T: R/R:	SO2%: P	eak Flow:	
	HEENT: OC		Last Op / Opth. Eva	l.: —	
	Heart: gan				Diabetic foot Screen Test Step:
•	Lungs: Oc		-		
	Abdomen:		490		10 (10 62)
	Genital / Rectal:		450		4 5 E
	Extremities:		500		
	Neuro:				Left 7 a/ Foot
	Recent Lab Results:	17/80	Amunia 21	62.	9
	ASSESSMENT(S):	UBC 3,400			Diabetic foot Screen Test Steps
		to 45.9 ANO	1802		Office
·	DSM IV Classificat	ion			37877
	Axis I:	· A	Axis IV:		654
	Axis II:		Axis V: GAF Score	T()	8 J
	Axis III: Hepc	aty Borde	de Drun A	\$7an	8 Righ Foot
	Preventive Care:	Diet: Wat	L Exercise:	·	9
·	Tobacco Use: Ma		Medication Side Effects	:	
SPITAL OR	MEDICAL FACILITY	STATUS	DEPART. / SERVICE	i	s maintained a' Cl McKean
ONSOR'S N	AME	SSN/ID NC.	RELATIONSHIP TO SPONS		4
TIENTS IDE No. or SSN;	NTIFICATION: (For typed or written s Sex; Date of Birth; Rank / Grade	ntries give; Name – last, first, miodle;	REGISTER NO. 10924-05	; 2 W	ARD NO.
	ſ	1.00	CHRONOLOGICAL REC	ORD OF	MEDICAL CAF

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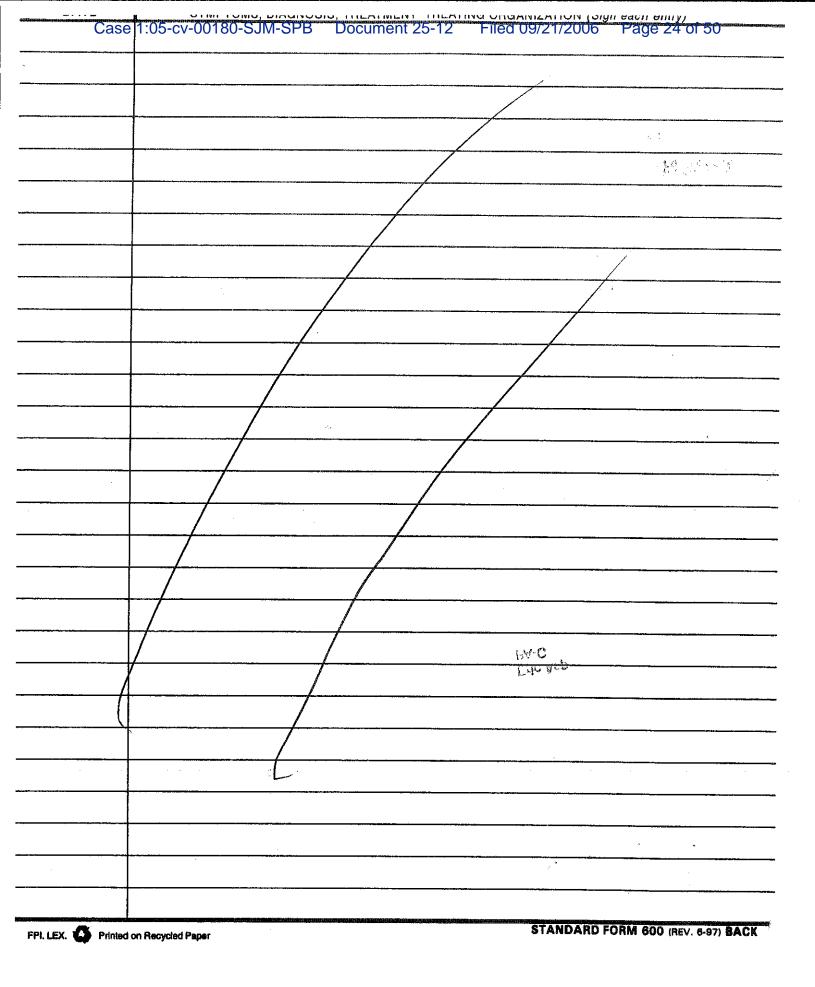
Medical Record

DATE	Case 1:05-cv-00180-SJM-SPB Document 25-12 Filed 09/21/2006 Page 22 of 50 SYMPTOMS, DIAGNOSIS, T. ATMENT. TREATING ORGANIZATION (Sign each entry)
	PLAN: 3 4 5 6 7 8 9 10
	00001
v f	Patient Education:
	( -) Discussed Test Results ( ) Discussed Tx Plan
	( ) Etiology, Complications, Prognosis, Prevention
*	( Diet, Diabetic / Cardiac / Disease, Lifestyle Changes ( ) No Smoking Almabetic
	( ) Diet, Diabetic / Cardiac / Disease, Lifestyle Changes ( ) No Smoking ( ) Medication Dosage / Administration / Compliance / Side Effects ( ) Patient Understood Topics ( ) Verbalized Understanding ( ) Instructed If Problems or if running our of medication, should be
	( ) Patient Understood Topics ( ) Verbalized Understanding
	( ) Instructed If Problems or if running our of medication, should sign up for sick-call or
	Diagnostic Studies: ( ) CBC / Dif ( ) U / A ( ) LFT ( ) Chem. Profile ( ) Lipids ( ) HgAlc
	( ) PSA ( ) Viral Load ( ) CD4 ( ) Toxo Igg. ( ) Hepatitis Panel ( ) CXR ( ) EKG ( ) Others:
	Consultations: ( ) Optometrist ( ) Ophthalmologist ( ) Orthopedic Surgeon
	( ) Others:
· · · · · · · · · · · · · · · · · · ·	
	Referral for Vaccination: ( ) Influenza ( ) Pneumococal ( ) Other:
	Return to Clinic for routine Follow-Up on: MK two
	Treatments(s): Per merten 62a > 180mcg Sca QWILZ 24
	di barrier 600 up - polis pi u line
	Albuteral timefor Did HIREZ
	Charge Boxycylline Voor
	Chang Arioban 70
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	JE MO
	H. B. McKEAN
	The state of the s

SYMPTOMS, DIAG	CHRONOLOGICAI	RECORD OF M	EDICAL CARE	
SYMPTOMS, DIAGI	Name of the Control o			•
	NOSIS, TREATMENT	TREATING ORGA	NIZATION (Sign ea	ch entry)
interferon inject	tin		#2 11	(30)
		<u> </u>		13,73
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Contin	I all m	eels-n	echel	e / RE/C
The second secon	TSTATUS	DEPART./SERVICE	I A S	RDS NAVEJAINED AT
	SSN/ID NO.	RELATIONSHIP TO S	siphysist 1	W.
For typed or written entries, give: te of Birth; Renk/Grede.)	: Name - last, first, middle;	ID No or SSN; Sex; RE		WARD NO.
	Hepc- I feeling feeling for dis leaser Abd Soy street ge Hepe Jobs C Continu	Here Peg T/Rich  feely or - Peg T/Rich  feely or - Co  getting be  for type on feely  for type or feely  y  status  senting of medicing  status  senting of medicing  y  status  senting of medicing  senting of medicing  senting of medicing  y  status  senting of medicing  edicing medicing  senting of medicing	Per 180 Mg gin 90 - colominations  RTC in Israel for next dose  Ent.  PA  Hepe- Peg T/196 TX  feel on - C/0 lor  of direction of the form  Clent of American  Clent of American  All So fraven  Strelling belte  Hepe on peg T/196  John Changeman  John Changeman  Sortward of Meels - 1  STATUS DEPART. SERVICE  SSN/D NO. RELATIONSHIP TO S	Pegany 160 mg gin 50 - colominated under sugar  RTC in I work for rest drop  File Asp  PA-C  Here - Peg T/C/Ga Tk  feely or - C/O Correliged n  of digetty of te  Leodar fine  Here - Other fine  Here or Peg T/C/Ga Tk  Jest Day of the  Leodar fine  Here or Peg T/C/Ga Tk  Abol So fraven  Sender at Reco (dry side  gettlig bett)  Here or peg T/C/Ga Tk  John Charpend  Control of Meell - reclaid  Sender

Moshier, Donald 10924-052

CHRONOLOGICAL RECORD OF MEDICAL CARE Medical Record



IEALTH RECO	த்த 1:05-cv-00180-SJM-SP <b>சூ</b> ழ	RONOLOGICAT-HECORIDOPS	9/21646 CARAGE 25	of 50	
DATE	SYMPTOMS AGNO	DSIS, TREATMENT TREATING OF	NIZATION (Sign each o	entry)	
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1017	acceptor	How Arth sisten Peg I momow dep sisks -			
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	Reviewed By:		Male	CAMAZEAN	
	V. Geza, PharmD			NEO'NE	
			CT-CT-CT-CT-CT-CT-CT-CT-CT-CT-CT-CT-CT-C		
PATIENT'S IDENT Imprint)	IFICATION (Use this space for Mechanica	RECORDS MAINTAINED AT:	FCI	McKean	
		PATIENT'S NAME (Last, First, Midd		SEX	
		RELATIONSHIP TO SPONSOR	STATUS	RANK/GRAD	
		SPONSOB'S NAME	noshier	4700000	
		DEPART./SERVICE SSN/IDENTIFI	Ly-052	DATE OF BIR	

CHRONOLOGICAL RECORD OF MEDICAL CARE

STANDARD FORM 600 (PEV. 5)
Prescribed by 35A and 30M4
prescribed by 35A and 30M4
prescribed by 35A and 30M4

Case 1:05-cv-00180-SJM-SPB Document 25-12 Filed 09/21/2006 Page 26 of 50	
10/28/04 @ First dose Interferen (Dost #1)	
0700 @ NAO NAO	
	* A May - warraging
9 1. Pt ED: Injection procedure	
2. PEGASIS 180 Mg GIVEN (GOL administration)	<del></del>
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Carvon Jabrozzi, PA-C	
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10/28/04 5/ got fuit Shot today 287#	<del>- /-</del>
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H. C. M.C.	
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OOOO	75
ANIZATION (Sign each entry)	

NSN 7840-00-634-4176	
MEDICAL REC	ORD CHRONOLOGICAL RECORD OF MEDICAL CARE
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
	in a standard (oight each entry)
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V. Geza	Pharmo H. BEAM, MD
OSPITAL OR MEDICAL FA	
ONSOR'S NAME	SSN/ID NO. RELATIONSHIP TO SPONSOR
TIENT'S IDENTIFICATION	N: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; REGISTER NO. 10924-05 WARD NO. Date of Birth; Renk/Grade.)

Donald Mashies

CHRONOLOGICAL RECORD OF MEDICAL CARE Medical Record

DATECase	1:05-cvsmmproms, imagnosis, threatment of the atting preating preating the property of the second of
Hz41042 alan	9
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9/28/04	Menley- needs.
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	Alluteral Trypaid #1 RPZ
	Reviewed Py. V. Geza, Phando
	H BEAM, MD
	FCI MCKEAN
MOHELOI	Adm Approved Age Reg I / Rifa TX
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	Antiapeli Starting TX Wall of 10/21-29
	LRY Pagatas Interform & 2a (80mag San BWeek)
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	then mounty
	Reviewed By:
	V Geza, Phar/ND
	H. BEAM, MD FCI MCKEAN
	J(/)
10/13/04	Innata Recid 11 pg. medical Records Jely 4 17
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NSN 7840-00-834-4176	AUTHORIZED FOR LOCAL REPRODUCTION
MEDICAL RECORD	CHRONOLOGICAL RECORD OF MEDICAL CARE
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
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SPONSOR'S NAME	SSN/ID NO. RELATIONSHIP TO SPONSOR
PATIENT'S IDENTIFICATION: (Fi	or typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; REGISTER NO. 10 92 4 - 055 WARD NO.

Danald Moshier

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

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Cas	1:05-cv-00180-SJM-SPB Document 25-12 Filed 09/21/2006 Page 30 of 50
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13N 7640-00-634-4176	AUTHORIZED FOR LOCAL REPRODUCTION
MEDICAL RECORD	CHRONOLOGICAL RECORD OF MEDICAL CARE
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
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0700	I motel on somety for live Box
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	D. Olson, MD Clinical Director
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8 25/04	Adm N to
0700	I must returned from trooping methoday,
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HOSPITAL OR MEDICAL FACI	LITY STATUS DEPART./SERVICE RECORDS MAINTAINED AT
SPONSOR'S NAME	FCI McKean SSN/ID NO. RELATIONSHIP TO SPONSOR
PATIENT'S IDENTIFICATION:	(For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; REGISTER NO. Dete of Birth; Rank/Grade.)  WARD NO.
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\^	1 CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

Case 1 n	5-CV-00-80-3-10-3-11	JSIS TREATMENT	JREATING OBGANG	of Connederation Parties	50
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EDICAL	Case 1:05-cv-00180-SJM-	SPB ROUTEGICAL	RECORD 021/2006	Page 33 of 50
DATE	SYMPTOMS, DIA	SIS, TREATMENT. TE	REATING ORC ATIO	N (Sign each entry)
	CLINIC(S): ( ) Cardiac (	) Hypertension ( ) Dia	abetes ( ) Infections (	) Endocrines
		Pulmonary ( ) Mental	( ) Neurology ( ) Orti	ho ( ) General
	( ) Other:	Hepc	OSCO AST	m9
	SUBJECTIVE: (Chief Cor	nplaint)		
11810	4 : C/o Back	ecpain -	recently	radio forwic
200	Ale na	n dem bo	W-	
04	Med. Compliance:			
	OBJECTIVE: (Review S	ystem) Age: 43	Sex: Male Race	ə: <u>,                                     </u>
	· · · · · · · · · · · · · · · · · · ·		/ R: S02%:	Peak Flow:
	HEENT: 90		Last Op / 🏈 pth.	Eval.:
	Heart: 9100			Diabetic foot Screen Test Steps
	Lungs: plen		5	SO FIRE OS
	Abdomen: A 0 ]	A noncen	v 5	20 / 10 (10 0)
	Genital / Rectal:		5	(4 5 E.
	Extremities:			
	Neuro:			Left 7 g/
·	Recent Lab Results:			9
	ASSESSMENT(S):			Diabetic foot Screen Test Steps
			and the same of th	The Pres
• • •	DSM IV Classificat	ion	6181	3,797, 10
	Axis I:	7	Axis IV:	65 4
· .	Axis II:	Chronic	Axis V: GAF Score	Right
	Axis III: Nep.	Bordeli	n Diabet &	8 Foot
	Preventive Care:	Diet: W	Acc Exercis	e: Wally 9
,	Tobacco Use:		Medication Side Eff	fects: W
OSPITAL C	OR MEDICAL FACILITY	STATUS	DEPART. / SERVICE	RECORDS MAINTAINED AT FCI McKean
PONSOR'S	NAME	SSN/ID NO.	RELATIONSHIP TO SP	
ATIENTS II	DENTIFICATION: (For typed or written	entries give: Name - last, first, m	iddle; REGISTER NO.	WARD NO.
	N; Sex; Date of Birth; Rank / Grade		10924-1	252
	<b>.</b>	<u> </u>		RECORD OF MEDICAL CARE
	Donald	noshia	STANDARD FO Prescribed by G	RM 600 (REV. 6-97)
	`			201-202-1 000082 .

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT. TREATING ORGANIZATION (Sign each entry)
	Pain Level: 1 2 3 1
	PLAN:
	Patient Education:
	( -) Discussed Test Results ( ) Discussed Tx Plan
1	(
······································	(
	( ) Medication Dosage / Administration / Compliance / Side Effects
·	( ) Patient Understood Topics ( ) Verbalized Understanding
	(/) Instructed If Problems or if running our of medication, should sign up for sick-call or send cop-out.
	Diagnostic Studies: ( ) CBC / Dif ( ) U / A ( ) LFT ( ) Chem. Profile ( ) Lipids ( ) HgAlc
	( ) PSA ( ) Viral Load ( ) CD4 ( ) Toxo Igg. ( ) Hepatitis Panel
	( ) CXR ( ) EKG ( ) Others:
	Consultations: ( ) Optometrist ( ) Ophthalmologist ( ) Orthopedic Surgeon
	( ) Others:
	V you
	Referral for Vaccination: ( ) Influenza ( ) Pneumococal ( ) Other:
	Return to Clinic for routine Follow-Up on:
	Treatments(s):
	y a
	CON tetracyclin 500m > 10 Bid # 60 PP2
	rompour (Som froisid # 60 RF2
	Typing 500 mg to polsong # 30 REY
·	Alluthal Truff Ordet ( PP2
	HTO portrain fulliatt REZ
/ ^	
	Reviewed By V Geza, PharmD
	H. BEANI, MD FCI MICKEAN
	FCI MCKEAN

And the second second	
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
0/17/64	(2) Clo Lt ear ache x several weets. Plasnage.  (2) Para amound behind (2) excluel t around ear.
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	40 boils on (1) gluber + near (1) underson
•	90 acre, scarring "TCN not working"
	To brown discoloration of lower lags & Heling & several ments,
<del></del>	1 - 0 to war was continuous as notices regis & record of sections
	(O) NAO T=982
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···	SKIN! - Severe scerning ecal esp as anther posterior torso
	·
	- Inch supposative or exidative industrial to enthem at Ogliteus + near QaxIII.
-	- slightly Scaling lossons, lower legs & hyperpigments makelly.
	madeiles.
	HEENT: @ B Frontal Simus Enderseus
	trushmales + 3/4 bilat
	DEAN Derythen D Vack region of impacted Cerumen near TM.
· · ·	Badenjaly Chadenjaly
	Casadenifacts
	Abscesses. Cerumen impaction Sinustis
	Acre. (D) of the externa No Times Versisolor of LE
更从	(1) 1. Continuence One Suspinsters 4 drops AD 010 #1 NR. (130 ml 2 Selson 2.5% Snampor Apply to AA + lather & small and
The Man	divote length in skin in min. ) NI
acis	3. HC 196 Cream Apply to Lower legs Q10 pron itching #1 Rx3
REL S	4. Augmentin-500 TOOTID=100 #30 NX
F	
	6 CASOF exulute from abscecas
Steven	7 Red in 7-10 days.
o g	6. FD: Q, Tr. plan, med), She
(A)	hygien Labrozzi, PA-G 1288
	Physician Assistant

	5 cv-00180-SJM-SPB			_	
DATE	SYMPTOMS, DIAG	VOSIS, TREATME	NT TREATING ORGANI	ZATION (Sign each	entry)
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1/16/14	7,000-	Ra	-//	f	
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Medical Record

Page 37 of 50

Medical Record NDARD FORM 600 (REV. 6-97)

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PLAN:			3	
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			H. BEAM, MD FCI MCKEAN	
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	OBJECTIVE: (Revie	w System) Age:	Sex: Male Ra	ice:
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HOSPITAL OR MEDIC	JAL FACILITY		DEFART. / SERVICE	FCI McKean
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Medical Record
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	Patient Education:
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	or if running our of medication, should sign up for sick-call or send cop out.
	Diagnostic Studies: ( ) CBC / Dif ( ) U / A ( ) LFT ( ) Chem. Profile ( ) Lipids ( ) HgAlc ( ) PSA ( ) Viral Load ( ) CD4 ( ) Toxo lgg. ( ) Hepatitis Panel ( ) CXR ( ) EKG ( ) Others:
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MEDICAL RECORD	CHRONOLOGICAL RECORD OF MEDICAL CARE
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OSPITAL OR MEDICAL FACIL	Robert E. Piotrowski, PA-C  FCI McKean  FCI McKean  FCI McKean
PONSOR'S NAME	SSN/ID NO. RELATIONSHIP TO SPONSOR
ATIENT'S IDENTIFICATION:	(For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; REGISTER NO. 124-052 WARD NO. Date of Birth; Rank/Grade.)

Moshien, DonALD

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 6-97) Prescribed by GSA/ICMR FIRMR (41 CFR) 201-9.202-1

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CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record

STANDARD FORM 800 4REV. 8-87000092
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-9.202-1

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	PLAN: Hender phot
	Patient Education:
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	Compliance/Side Effects ( )Patient Understood Topics ( )Instructed if problems
	or if running out of medication, should sign up for sick-call or send cop out.
,	Diagnostic Studies: ( )CBC/Diff ( )U/A ( )LFT ( )Chem Profile ( )Lipids ( )HgAlc
	( )PSA ( )Viral Load ( )CD4 ( )Toxo Igg. ( )Hepatitis Panel
	( )CXR ( )EKG ( ) Others:
	Consultations: ( )Optometrist ( )Ophthalmologist ( )Orthopedic Surgeon
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	4. Twoder colder, I dular protein. Their.
	5. Fu prn wa sk.
	Reviewed By Steven Labrozzi, PA-C
	Physician Assistant
1422/03	Adm - will order Hepatitus Avaccine
1548	Sevier
	note Sent to ym
	H BEAM, MD
	H. BEAM, MD ECI MCKEAN
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PATIENT'S IDENTIFICATION	1: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; REGISTER NO. 10934-05> WARD NO.

Moshier, Donald

CHRONOLOGICAL RECORD OF MEDICAL CARE Medical Record

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CHRONOLOGICAL RECORD OF MEDICAL CARE Medical Record

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**CHRONOLOGICAL RECORD OF MEDICAL CARE** Medical Record

STANDARD FORM 600 (REV. 6-97)
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FIRMR (41 CFR) 201-9.202-1

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